

www.mass.gov/abcc

LICENSE NUMBER:)54600001		CITY OR TO	WN HUBBARI	DSTON
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS FLAGG RO		ES INC.			
CITY/TOWN: HUBE	BARDSTON	STATE: M	A ZIP CODE	E: 01452	
MANAGER: CURT	S, CAROL TY	PE OF LICENSE:	General on premise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI TWO FLOORS. TOP STORAGE ROOM, FU I hereby certify and sw	CENSED PREMI FLOOR-ONE ROU URNACE ROOM	OM. BOTTOM FI		ND MENS ROO	MS,
2. the licensee	has complied with	the same type for the all laws of the Corr business (If not ex	ommonwealth relati		
	Individual, Partne	r or Authorized Co	rporate Officer		
DATE: We the undersigned,		NE NUMBER:	(Note: NO	OYER IDENTIFICAT	Security Number)
Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and the h	ead of the fire dep	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0	54600003	CITY OR TOWN HUBBARDSTON
APPLICATION FOR R	ENEWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: R	ONALD LEVESQUE	
DOING BUSINESS A	RIETTA FLEA MARKET	
ADDRESS GARDNER	RD-RTE.68	
CITY/TOWN: HUBBA	ARDSTON STATE: MA	A ZIP CODE: 01452
MANAGER:	TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLE	ASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS
DESCRIPTION OF LIC		
PRESENT; DINING ROOUTDOOR BEER GAI	OOM, FIRST FLOOR. EXTENSION RDEN	N; LARGER DINING AREA AND
I hereby certify and swe	ar under penalties of perjury that:	
1. the renewed	license will be of the same type for the	he same premises now licensed;
2. the licensee l	has complied with all laws of the Con	mmonwealth relating to taxes; and
3. the premises	are now open for business (If not ex	plain below)
SIGNED BY	ndividual, Partner or Authorized Cor	reported Officer
1	idividual, Farther of Addiofized Col	porate Officer
DATE:		EMPLOYER IDENTIFICATION NUMBER:
DITTE.	TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
		the certificate required by Chapter 304 of the ead of the fire department for the above
		surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL	MUST BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 054600004		CITY OR TOWN HUBBARDS	STON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 201	13
	CLASS	Y	/EAR
LICENSEE NAME: HUBBARDSTON DOING BUSINESS A ADDRESS 55 WILLIAMSVILLE ROA		UB, INC.	
CITY/TOWN: HUBBARDSTON	STATE: MA	ZIP CODE: 01452	
	PE OF LICENSE: Club		All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V DESCRIPTION OF LICENSED PREM TWO ROOMS, TWO FLOORS	WEBSITE AND ENTER YOUR EM. ISES:	AIL ADDRESS	
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be o	f the same type for the s	same premises now licensed;	
2. the licensee has complied wit3. the premises are now open for		<u> </u>	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Sec	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department for the a	bove
Please Check Below: APPROVED:		LOCAL LICENSING AUTHO	RITY
DISAPPROVED: (If disapproved explain)		By:	
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A	<u> </u>



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054600006		CITY OR	TOWN	HUBBARI	OSTON
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	GLOBAL MO	NTELLO GROUP O	CORP			
DOING BUSINESS A	MR. MIKES					
ADDRESS 35 MAIN S	STREET					
CITY/TOWN: HUBB	SARDSTON	STATE:	MA ZIP CO	DDE:	01452	
MANAGER: NEAL,	SHARON	TYPE OF LICENSE	E:Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS			-
DESCRIPTION OF LI	CENSED PRI	EMISES:				
RETAIL STORE APPIPINTS WILL BE LOC COOLERS.SPIRITS A AREA AT FRONT & 1	ATED ON W ND WINE W	ALL BEHIND SALI	ES AREA. BEEF	R AND V	WINE WILL	BE IN
I hereby certify and sw	ear under pena	alties of perjury that:				
2. the licensee	has complied	e of the same type for with all laws of the On for business (If not	Commonwealth re			
SIGNED BY DATE:		rtner or Authorized (EM	1PLOYER		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]				ING AUTH	
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0546000	12	CITY OR TOWN HUI	BBARDSTON
APPLICATION FOR RENEW	AL: Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: HANY T	CADROUS		
DOING BUSINESS A HUBB	ARDSTON MARKET		
ADDRESS 32 MAIN STREET	•		
CITY/TOWN: HUBBARDST	ON STATE: MA	ZIP CODE: 014	152
MANAGER: TADROUS, HA	ANY TYPE OF LICENSE:P	ackage Store CATEG	GORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has com	ROCERIES BEER, WINE, CI	e same premises now licens	
SIGNED BY Individu	al, Partner or Authorized Corp	porate Officer	
DATE: TE	ELEPHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A	AUTHORITY
DATE:		·	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 054600013	'	CITY OR TOWN	N HUDDAKI	DSTON
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NICEL INC.				
DOING BUSINESS A PIZZA PALACE				
ADDRESS 53 GARDNER ROAD				
CITY/TOWN: HUBBARDSTON	STATE: MA	ZIP CODE:	01452	
MANAGER: OURDAS, TYPE DEMETRA T.	E OF LICENSE: Rest	aurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	ES:			
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of the	he same type for the s	same premises no	w licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating	to taxes; and	
3. the premises are now open for b	ousiness (If not explai	in below)		
Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, attest that we are a Acts of 2004, signed by the building insparmed license and (2) the certificate of 1 of 2010.	pector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
		·		
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LIG	CENSEES DURING THE MO	NTH OF NOVEMBER	M.G.L. Ch. 138 \$ 10	5A)